Approved for use through 1/3 1/2008, OMB 041-0031

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless & displays a year OMB controllumber. U.S. Pelerd and Tredemark Office; U.S. DEPARTMENT OF COMERCE Substitute for Form PTO-675 Application or Dogkel Humber Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR HUMBER FILED SMALL ENTITY NUMBER EXTRA BASIC FEE (3) CFR 1.16(4), (4), or (c)) NA EEE (1) RATE (1) SEARCHFEE NA EEE (\$) 150.00 (27 CFR 1 16/14, 14, or (m)) N/A NA NIA. 300.00 **EXMINATION FEE** NA \$260 (3) CFR 1.16(0), (p), or (q)) NA NIA NA \$ 500 TOTAL CLAME NA \$100 (3) CFR 1.16(1) NIA \$200 INDEPENDENT CLAIMS MITHUS 20 a X\$ 25 (37 OFR 1.16(N) X\$50 OR minus 3 X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due ts \$250 (\$125 for small entity) for each (37 CFR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= "If the difference in column 1 is less than zero, enter "o" in column 2. +360= IATOT APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Catumn 3) CLAIMS REMAINING SMALL ENTITY OR OTHER THAN HIGHEST NUMBER 3 AFTER PRESENT ENDMENT PREVIOUSLY RATE (1) ADDI-EXTRA MENDMENT PAID FOR RATE (1) YOU'S YOU'S DI CER LACE THOMAL Minus FEE (1) Independent OF CFR LIGHT X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= OR +360 TOTAL ADO'L FEE TOTAL OR (Column 1) ADO'L FEE (Column 2) (Column 3) CLAIMS REMAINING HIGHEST 0 NUMBER PRESENT AFTER RATE (1) PREVIOUSLY PAID FOR AMENOMENT EXTRA ADDI: AMENDMEN RATE (1) Total profit Light ADDI. TIONAL Minus FEE (1) FEE (I) Andependent AT OFA LIGAT X\$ 25 Minus X\$50 OR Application Ste Fee (37 CFR 1.16(5)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360z OR If the entry in column 1 is less than the entry in column 2, write "of in column 3.

If the Titighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Titighest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

The Titighest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the pupils which is to life (and by the Institution gathering, preparing, and submitting the completed application form to the USPTO. Thre will very depending upon the includes to complete this form and/or suggestions for reducing this burden, should be sent to the Individual case. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL